Book	Policy Manual
Section	5000 - Students
Title	Residency Affidavit Form
Code	5111-R Form 5
Status	Active
Last Revised	April 11, 2022

5111(f)

Colchester Public Schools
Residency Affidavit
CONFIDENTIAL

The Colchester Public Schools, in compliance with statute 10-253(d) of the State of Connecticut, requires this form to be completed for any student who claims residence in Colchester and is not residing with a parent(s)/guardian(s) and whose parents/guardians are not residing in Colchester. This form is required when there is a question about the child's actual residence. The student, parent/guardian and person with whom the student is living must fill out this form together. A completed Host's Statement and Parent/Guardian Statement shall accompany this form.

Date _____

1. Student's Name _____ DOB: _____
(Last) (First) (Middle)

2. Student's Colchester Address _____
(No. and Street)

3. Name of Person With Whom Student Lives _____

Relationship _____ Email Address:_____

Address _____
(No. and Street)

Telephone #_____

4. Date Student Moved to Colchester _____
(Month/Day/Year)

5. Student's Former Address _____
(No. and Street) (Town) (State)

6. Former School _____ Grade _____

7. Name of Student's Parent/Guardian _____

Address _____
(No. and Street) (Town) (State)

Parent/Guardian Email: _____ Telephone # _____

8. Name of Student's Parent/Guardian_____

Address _____
(No. and Street) (Town) (State)

Parent/Guardian Email: _____ Telephone #_____

9. Name, Address, Telephone Number, and Email Address of Student's Court Appointed Legal Guardian, if applicable:

_____

_____
Signature of Person with Whom Student Lives Date

_____
Signature of Parent/Guardian Date